

Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HCA-0032	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2011
NAME OF PROVIDER OR SUPPLIER ALERE WOMEN'S AND CHILDREN'S HEALTH I		STREET ADDRESS, CITY, STATE, ZIP CODE 601 PENNSYLVANIA AVENUE, NW, SOUTH BLDG SUITE WASHINGTON, DC 20004		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	INITIAL COMMENTS An annual licensure survey was conducted at your agency on January 19, 2011 through January 20, 2011, to determine compliance with Title 22 DCMR, Chapter 39 (Home Care Agencies Regulations). The findings of the survey were based on a random sample of seven (7) active clinical records and one (1) discharge clinical record based on a census of eighteen (18) patients, seven (7) personnel files based on a census of ten (10) employees, and three (3) home visits. The deficiencies cited during this survey were based on interviews conducted with agency staff and review of clinical and administrative records and observations.	H 000	<i>Received</i> Department of Health Health Regulation & Licensing Administration Intermediate Care Facilities Division 800 North Capitol St., N.E. Washington, D.C. 20002	
H 148	3907.2(d) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (d) Documentation of current CPR certification, if required; This Statute is not met as evidenced by: Based on staff interview and record review, the Home Care Agency (HCA) failed to ensure that a current Cardio Pulmonary Resuscitation (CPR) certification was completed and recorded in the personnel record of each staff as required by this section. The finding includes: Review of Staff #4's personnel record on 1/19/2011 at 2:40 p.m. revealed there was no CPR certification on file.	H 148	What corrective action(s) will be accomplished to address the identified deficient practice: CPR certification is required on all clinical staff participating in direct patient care. Director is provided proof of certification upon hire and ongoing as re-certification becomes due. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; Director will keep a competency tracking log with all licensure and certifications entered in order to notify employees of impending expirations. Continued on next page	2/8/2011 2/8/2011

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Robin Stanley Edmondson DATE *RV*

(X6) DATE

2-8-2011

MSXV11

If continuation sheet 1 of 5

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H 148	Continued From page 1 Interview with the facility's Director and Home Care Director (HCD) on the same day at 4:33p confirmed a copy of the CPR certification was not on file for this staff. Both the Director and the HCD agreed to fax a copy of the CPR certification to this survey team before the close of survey on 1/20/2011. The facility failed to ensure accurate documentation of all staff's CPR certification status as required by this section.	H 148	How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented: Competency tracking log will be reviewed at the beginning of each month in order to be able to notify employees of impending expirations. The CPR card for this employee was produced before the end of the survey. <i>See exhibit 1</i>	2/8/2011
H 150	3907.2(f) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (f) Verification of previous employment: This Statute is not met as evidenced by. Based on staff interview and record review, the Home Care Agency (HCA) failed to ensure that the previous employment verification for all staff was completed and recorded in the personnel record of each staff as required by this section. The finding includes: Review of Staff #1 and #3's personnel record on 1/19/2011 at 3:31 p.m. revealed there was no pre-employment verification on file. Interview with the facility's Director and Home Care Director (HCD) on the same day at 4:35p confirmed a copy of the pre-employment verification was not on file for these staff. Both the Director and the HCD agreed to fax a copy of the employment verification to this survey team	H 150	Please see the next page for corrective actions on Personnel Section 3907.2 (f and i)	

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H 150	Continued From page 2 before the close of survey on 1/20/2011. The facility failed to ensure accurate documentation of all staff's previous employment as required by this section.	H 150	What corrective action(s) will be accomplished to address the identified deficient practice; Criminal background checks and verification of previous employment are completed on all new employees. Historically a summary of results was provided to the DC site with the original results maintained at the corporate office. Moving forward, copies of complete results will be placed in all personnel records.	2/8/2011
H 153	3907.2(i) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information: (i) Documentation of any required criminal background check; This Statute is not met as evidenced by: Based on staff interview and record review, the Home Care Agency (HCA) failed to ensure that the criminal background screening for all staff was completed and recorded in the personnel record of each staff as required by this section. The finding includes: Review of Staff #1's personnel record on 1/19/2011 at approximately 3:10 p.m. revealed there was no criminal background check on file. Interview with the facility's Director and Home Care Director (HCD) on the same day at 4:38p confirmed a copy of the criminal background screening was not on file for this staff. Both the Director and the HCD indicated the results of these screenings are kept in the main office in Baltimore, Maryland. The Director agreed to fax a copy of the background screening for this staff to the survey team before the close of survey on 1/20/2011.	H 153	What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; Results of the Criminal Background check and verification of previous employment will be placed in the personnel record in DC rather than being maintained at the corporate office. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented; The Director will obtain a copy of the Criminal Background Check and verification of previous employment completed on all new employees. Copies of the complete reports will be maintained in the employee file in DC. This requirement has been added to the checklist completed for each new employee. Compliance will be monitored by checking 100% of personnel records quarterly. The requested checks were produced to the survey team before the end of the survey.	2/8/2011
				2/8/2011

Abstract

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H 366	Continued From page 4 (30)days of the start of care. During a face to face interview with the District of Columbia Home Care Director and the Clinical Director for Baltimore on January 19, 2010 at approximately 4:05 p.m., the finding was acknowledged.	H 366			